



SARS - The challenge of dealing with a new disease

A conversation with State
Epidemiologist Bob Teclaw,
D.V.M., Ph.D., M.P.H.

Matthew McCardle of the Office of Public Affairs talked with Bob Teclaw about SARS. Here is their conversation.

What are some of the challenges in dealing with a new disease like SARS (Severe Acute Respiratory Syndrome)?

Because we knew so little about SARS, this was a disease that really tested the public health system. With a disease like influenza, we have tools to deal with it: 1) we can diagnose it with certainty; 2) it has a treatment; and 3) it has a vaccine.

Along comes SARS, and at first we didn't even know what it was. Once SARS was identified as a corona virus, we had some focus because we know how that family of viruses be-



**State Epidemiologist
Bob Teclaw**

very challenging situation and, because of that it's impressive that SARS has been controlled so effectively worldwide.

What special things has the Indiana State Department of Health done to address the SARS threat in Indiana?

Our approach is comprehensive, but it isn't special. We have to always be prepared to respond to any infectious disease outbreak, so our

response when SARS came on the scene wasn't unusual. In addition to general preparations we make for any infectious disease, continued improvements in our systems helped us be better prepared for SARS.

It may be a cliché to say that our systems are so much better now than they were before, but it's true. For instance, in the past, when something like SARS occurred, we would have had to take someone away from other duties. Now we have a new epidemiologist dedicated to community respiratory disease outbreaks who can spend most of her time on that without compromising something else.

How is ISDH working with the Centers for Disease Control and Prevention (CDC) in addressing SARS?

CDC learned a lot from previous outbreaks and they were really helpful in getting SARS information to us quickly, creating a reporting system and managing case definitions, among

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Gov. O'Bannon announces plan to combat chronic disease

The state will help Hoosiers with diabetes, asthma, or heart disease manage their diseases with a comprehensive, personalized plan to improve their health, Gov. Frank O'Bannon said June 5.

The federal government has approved Indiana's plan to establish the Indiana Chronic Disease Management Program for as many as 63,000 Medicaid recipients who have diabetes, asthma, or chronic heart failure, as well as for other Medicaid recipients whose health care needs place them in the top 10 percent of Medicaid expenditures. Medicaid is the state-federal health care program for low-income children and families, seniors, and people with severe disabilities.

The program will be a joint initiative of the state's Family and Social Services Administration, which manages Medicaid, and the Indiana State Department of Health.

"People who suffer from chronic conditions can vastly improve their lives with a disease management program," O'Bannon said. "I'm pleased the state can help them in this way."

Program participants will work with their physicians and a nurse care manager to develop a care plan. Participants will receive regular medical assessments, education about their diseases, dietary information that can help manage chronic diseases, and instructions on how to manage their care.

High-risk enrollees will receive intensive, one-on-one nurse care management. People with less intensive conditions will work by telephone with their care coordinators at a centralized call center. Over the next two years, the program will create new jobs for nurse care managers across the state and care coordinators in Indianapolis.

State health records show that chronic diseases were the cause of more than 75 percent of the 55,209 deaths in Indiana in 2000. Cardiovascular diseases, cancer, and diabetes accounted for more than 65 percent of the total deaths.

"Chronic disease is the leading cause of death among Hoosiers," said State Health Commissioner Gregory Wilson, M.D. "This new program is an important step in our fight to improve the health of Hoosiers. By focusing on obesity, diabetes, asthma, and cardiovascular disease, we hope we can save lives and reduce long-term disabilities."

Medicaid Director Melanie Bella said a secondary goal of the program is to cut health care costs.

"We can make people healthier and save money with this program," she said. "That's good for Medicaid recipients; it's good for the state; and it's good for all Hoosiers."

SARS: Collaboration with local health departments vital key

other things. They created SARS hotlines and held regular conference calls with updated guidance and news about SARS.

However, because this was a new disease and so much was being learned so quickly, information and recommendations changed frequently, sometimes daily.

What are some specific tactics ISDH employed in addressing SARS?

Many of our SARS tactics revolve around communication. Because SARS is so new, that makes it very different. For example, with meningitis, public health and healthcare professionals know quite a bit about it. So, when a case occurs, we notify the healthcare community and they know how to deal with it. With SARS, we had to educate ourselves and the public about it. Some of the SARS tactics we've employed so far:

- ✓ We worked with the Indiana Healthcare and Hospital Association in distributing information to Indiana hospitals to help them develop SARS protocols.

- ✓ We worked with the Indianapolis Airport Authority to provide guidance about protocols in the event of a traveler suspected of having SARS.

- ✓ In cooperation with the Department of Education, we distributed SARS guidelines to school nurses.

- ✓ We worked with statewide news media in many different ways with the goal of educating the public about SARS.

- ✓ We responded to calls and e-mails from the public and from health professionals addressing their questions about SARS.

- ✓ And, most important, we worked in collaboration with Indiana's local health departments providing them with regular updates and information.

How has that collaboration with local health departments (LHDs) played a part addressing SARS in Indiana?

I can't say enough about how important the LHD's role is. LHDs are where public health happens. At ISDH, we're sitting in offices with papers; LHDs do the legwork.

Collaboration with local health departments and Indiana's health care providers is crucial to addressing a disease like SARS. The ISDH has had good relationships with local health departments in the past. However, I

don't think those relationships were as active in the past as they are now, in part because of smallpox and anthrax preparedness. Together, we're much better prepared today than ever before.

When there's a situation of any kind – in this case suspect SARS cases – LHDs need to find out who a patient's contact was, where they might have gotten the disease, what their history is, who they may have exposed, etc. Then they must warn people who may have been exposed to this patient. That process is more challenging than people think. It seems easy, but it never works out that way. People are unavailable, they may be very ill and can't say where they've been, they may be re-

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clusive, there may be language problems – it's often hard to find out where people have been and what they did when they were there. Trying to determine how exposure occurred and who might have been exposed is critical to our ability to prevent further cases.

We're continuing to expand our collaboration with the LHDs. One example of that is special assistance that's now available in the field through new district epidemiologists. These ISDH staff will be able to provide support and resources to LHDs, often in emergency situations where LHD staff is overtaxed.

Are there misconceptions you'd like to address?

One important thing to remember is that most of the suspect SARS cases are turning out not to be SARS. SARS is pretty difficult to get. It's not highly contagious, except in situations such as continued contact within a household and in healthcare settings. My message is: Be aware of SARS, but not preoccupied with it. It's very unlikely that you'll be exposed.

Where do we go from here with SARS?

Right now, we're waiting for more information about SARS from the

CDC. The good news is that SARS seems to be on the wane worldwide. We're hoping that it will go away completely, but there are three possibilities for the future of SARS:

- 1) That it will go away and stay away – that it was a "one-time deal";

- 2) That it may go away for a while, then come back; or,

- 3) That it will stay with us continuously. But, in my opinion, that seems the least likely.

I think in the next year there will be great strides in knowing where SARS originated. In addition, tests will be widely disseminated so that we can test people much more quickly. It will be a long time before any SARS vaccines are available, but we're learning more about the disease, so we'll know how to deal with it better.

I'm sure of this – an infectious disease outbreak will happen again, if not with SARS, with some other bug. We used to think that we had conquered infectious diseases. Now, we've got Lyme disease, Hantavirus, SARS, HIV, antibiotic-resistant TB, and others. We're a long way from conquering infectious diseases. The bugs are out there, and there'll be more coming.

An important message is that people can take comfort in how well SARS was handled in the U.S. Our SARS response was effective, and the evidence of that is no deaths and few confirmed cases in the U.S. This has been a success for public health and our partners in health care.

Our public health system worked – people were protected.



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George Fassnacht receives water industry Hall of Fame Award

If you have been around the Indiana Section of the American Water Works Association (AWWA) for any length of time, you have most certainly heard the name George Fassnacht mentioned many times by many people. On Feb. 20, during the Association's annual conference at the Adam's Mark Hotel in Indianapolis, Fassnacht was awarded the Water Industry Hall of Fame Award. The award was presented by Andrew Richardson, vice president of AWWA National, during the awards luncheon. In presenting the award, Mr. Richardson read the award nomination from the Indiana Section:

"George Fassnacht's contributions to public water supply have stood the test of time and continue to influence the practices and literature of the industry. The water supply field is indebted to his dedication, knowledge, skills, and standards of excellence."

"As a founding member of the Water Supply Committee of the Great Lakes—Upper Mississippi River Board of State Sanitary Engineers, Mr. Fassnacht contributed to and encouraged the publishing of 'The Recommended Standards for Water Works,' which is used by many states as a guideline for water works design."

"His unending dedication to excellence is shown through his membership on this board as Indiana's representative for 23 years. Mr. Fassnacht used his position to help promote water man-



George Fassnacht shows off his water industry award.

agement and facility expansion.

"Together with Harvey Wilke, Mr. Fassnacht established a voluntary water works certification program for Indiana. He taught at these voluntary schools from the early 1950s until Indiana's mandatory certification law passed in 1971."

"Even after retirement, Mr. Fassnacht continued to be concerned about water quality. He became Editor of 'Newsleaks,' and taught operators training for certification."

Fassnacht was born July 15, 1909.

He retired April 12, 1975. He has worked for the Indiana State Highway Commission, South Bend Water Works, U.S. Public Health Service, New York State Department of Health, and Indiana State Board of Health (1940-1975) where he served as the Chief of Water Supply Section (1950-1975). He was a founding member and Indiana's representative to the Great Lakes-Upper Mississippi River Board of State Sanitary Engineers (1950-1973). He also was chairman, ad hoc committee, for Cross Connection Backflow.

Fassnacht also found time to be an active member of the Lions Club, Kiwanis, school board, and many other civic organizations. He first joined AWWA in 1948. He has also been a member of Water Pollution Control Federation, Indiana Water Pollution Control Association, and the Indiana Scientific Engineering Foundation. In addition to serving as the editor for the Section newsletter, "Newsleaks" (1975-1985), he also was the editor of "Water-spout," a publication of the Indiana State Board of Health (1948-1952). He has contributed numerous articles about the water supply industry in the AWWA Journal.

After receiving the award, Fassnacht said that it was nice to hear someone read everything about his career because at his age he had forgotten he had done all those things!

The Indiana Section salutes George Fassnacht.

Hospitals, surgery centers to report fireworks injuries to state health officials

The Indiana State Department of Health began collecting data on injuries from fireworks in May.

Legislation passed this year by the Indiana General Assembly requires physicians, hospitals, and outpatient surgery centers to report all injuries from fireworks or pyrotechnics to the State Department of Health. The requirement expires at the end of 2004, when state health officials must submit a report based on the data to the Legislative Council.

"This new reporting system will provide us the information we need to create an effective fireworks injury prevention program," said Charlene Graves, M.D., medical director for injury prevention at the State Department of Health.

These reports will be due five business days from the time the injured

person is treated in a hospital, an outpatient surgery center, or a physician's office. Each report will include information on the type of injury, the type of firework or pyrotechnic that caused the injury, and whether alcohol consumption was involved. By law, the individual reports will be confidential, since they are compiled for epidemiological purposes.

"Of course, we hope that there will be no need for many reports, since most fireworks injuries are preventable," said Dr. Graves. "I hope that parents understand that one of the most frequent injuries is burns to the hands, which are often caused by sparklers."

An analysis prepared by the Consumer Product Safety Commission shows that in 2001 there were four non-work-related deaths from fireworks in the nation.

Two of those four deaths were in Indiana. One was a 36-year-old Indiana man who was killed from shrapnel when a firework that he had made exploded. The other Hoosier was a 46-year-old man who sustained severe injuries to his face and neck when a lit aerial firework exploded while he was looking in the launching tube.

The fireworks injury reporting form is available on-line at:

www.in.gov/isdh/fireworks.htm.

The form may be completed and submitted on-line. The form can also be printed and faxed or mailed to the Indiana State Department of Health, Epidemiology Resource Center.

Amy Minick Peterson leads by example

Bone density screening offered to City-County Building women

Leading by example, Amy Minick Peterson, wife of Indianapolis Mayor Bart Peterson, took off her shoes and stockings and put her feet in the densitometer – a machine that screens for bone density.

The mayor's wife was participating May 9 in the third annual bone density screening day at the City-County Building in downtown Indianapolis. The event was co-partnered by the Mayor's office and the Office of Women's Health at the Indiana State Department of Health. This was the third year that Mrs. Peterson had participated in the bone screening.

"I hope that my participation will help raise women's awareness of osteoporosis, and how this silent disease can affect their lives," said Mrs. Peterson.

Some 80 women over 40 were screened, according to Andrea Klemm, coordinator of ISDH's Indiana Osteoporosis Prevention Initiative. The screening is done with an ultrasound heel test. The participant removes her stockings/socks and shoes, puts her feet in the footwell of the densitometer, and the screening is taken. The quick procedure is painless and non-invasive. A computer inside the densitometer calculates the scores and the results are produced immediately.

Klemm said after the scores are produced, the results are discussed with the participant. It's also an opportunity to educate women about the risks of osteoporosis. Osteoporosis

causes bones to weaken and can lead to pain, disability, and loss of independence in later years. Risk factors for osteoporosis include smoking, having a thin/small frame, early menopause, excessive alcohol intake, a low calcium diet, lack of exercise, family history, and the use of medications that reduce bone strength.

"People think that osteoporosis is an older woman's problem, but building bones peaks at age 30. Eighty percent of women don't get enough calcium," Klemm said, adding that it's important to increase calcium intake and continue physical activity as women age.

"It's like a bank account," she explained. "You deposit (calcium in your early years as the bones strengthen) and then you withdraw (as estrogen levels decline)."

Although the Indiana Osteoporosis Prevention Initiative does screenings all year long, May was designated National Osteoporosis Prevention Month and the week of May 11-17 designated National Women's Health Week.

"We pack a punch in May," Klemm said. "It's a good opportunity to get our message out and educate people about osteoporosis. Education is the foundation for the Initiative."



Photo by Dan Axler

Indianapolis' First Lady, Amy Minick Peterson, stands with Barbara Levy Tobey, director of the Office of Women's Health, and Andrea Klemm, program coordinator of the Indiana Osteoporosis Prevention Initiative, during the May 9 bone density screening day at the City-County Building. Klemm is holding the Mayor's proclamation citing May as Osteoporosis Prevention Month.

During May, more than 2,600 women were screened at health fairs, Marsh stores, pharmacies, local health departments, and other places.

Klemm said that the screenings have turned up some cases of low bone density. Those identified early through the screening process can be treated by their health care provider for osteoporosis. Klemm said that each participant is urged to take her scores to her local health care provider for evaluation.

The screening is done on the heel, Klemm said, because the heel bone is similar in structure to the hip, which, like the spine, is susceptible to breaks.

Staff from the Office of Women's Health conduct screenings throughout Indiana at least once a week and usually more often, Klemm said.

New field epidemiologists will reduce public health crisis response time

Thanks to funding from the federal bioterrorism preparedness grant for Indiana, field epidemiologists are now on the job in all of the state's new 10 public health districts.

These new ISDH employees will assist local health departments in detecting natural disease outbreaks or those occurring from a bioterrorist event. Working closely with local health departments, hospitals, and health care providers,

these field epidemiologists can also greatly decrease response time during a public health crisis.

"The field epidemiologists can help us answer the most important question—"Do we have an outbreak or not?" said Pam Pontones, the field epidemiology director who supervises these positions.

The new field epidemiologists also will assist local health departments with maintaining supplies to conduct investigations, coordinate

training, and carry out routine infectious disease surveillance.

Hans Messersmith, ISDH's director of surveillance, says that having epidemiologists in the field also will allow epidemiologists in Indianapolis to hone their ability to identify subtle indicators of communicable diseases and to track long-term trends.

For a map of the public health districts, please go to: www.in.gov/isdh/healthinfo/districts.htm.